

CHESTER J. CULVER IOWA SECRETARY OF STATE

STATEHOUSE DES MOINES, IA 50319

Tel (515) 281-8993 Fax (515) 242-5952

Secretary of State Testimony

www.sos.state.ia.us sos@sos.state.ia.us

Administration and Regulation Appropriation Subcommittee February 26, 2002

♦ FY '02 Budget Status/Biennial Report Update

- Making good faith effort to process biennial reports.
 - ♦ Procedure has been changed assuring checks getting to the Treasurer's office.
 - Processing of reports significantly delayed risking corporate good standings.
- ♦ Seeking relief by keeping FY '02 UCC termination money (new money to general fund; estimated at \$150,000).
 - ♦ If relief granted, no need for other requests in H.S.B. 537
 - ♦ UCC processing remains at two days (rather than proposed legislation to delay timing to ten (10) days).
 - Credit card, portion of biennial report, and UCC fees will be unnecessary.
- ♦ At this point, may still be necessary to close the office.

♦ Biennial Report Fee Reduction

- ♦ Tremendous work-load (75,000 reports mailed, 65,000 expected returns)
- Struggled with whether to reduce fee. Reduced because:
 - Creates an incentive and motivates businesses to file electronically (necessary for the office to handle the workload).
 - ◆ To date, 24,200 corporations have filed on-line.
 - Fundamentally unfair to charge the same amount as report filed by paper because of the less intensive workload. Must pass savings on to Iowans.

• Only received 3,000 electronic filings out of 25,000 non-profit reports mailed last year (indicative of need for more incentive).

- ♦ UCC law (passed by legislature) requires electronic filing fee to be half. Following lead of legislature to reduce fee.
- ♦ Iowa Code gives SOS authority to set biennial report fee (Iowa Code section 490.1622(3)).
- ♦ Historically fee had been \$30/year; Secretary Pate reduced to \$45/biennially.

♦ <u>UCC Termination Funds Assistance</u>

♦ Termination money estimated at \$150,000 for FY '02 (due to new law).

◆ Projected to drop-off in FY '03.

- UCC fees: \$10 for all paper filings /\$5 for all electronic filings.
- ♦ SOS now processing all UCC filings (County Recorders no longer accept filings).

♦ FY '03 Budget Request

- ♦ Will do our part by accepting Governor's recommendation, <u>plus</u> termination money.
 - ♦ SOS FY '03 request reflects roughly the same dollar amount as the UCC termination money.
- Governor's FY '03 recommendation reflects an increase in funds and FTE's due to re-organization effort with Professional Licensing.
 - Further contributing by saving with re-organization of Professional Licensing (10% across the board to re-organize (\$80,000 savings)).

Senators Neal Schuerer and Tom Flynn, Representatives Scott Raecker and John Connors, and Members of the Administration and Regulation Appropriation Subcommittee State Capitol

Des Moines, Iowa 50319

Dear Senators Schuerer and Flynn, Representatives Raecker and Connors, and Members:

We understand that your Subcommittee will be meeting with Secretary of State Chet Culver on Tuesday, February 26, 2002, concerning his Office's appropriation for Fiscal Year 2003 and current status for Fiscal Year 2002. Our organizations and members depend heavily upon the services provided by the Secretary of State's Office. We have been extremely pleased with these services, and wish to note to you the progress in e-government achieved by that Office, and to endorse the Secretary's request for a modicum of financial relief in these tight budget times.

Revised Article 9 of the Uniform Commercial Code became effective on July 1, 2001. The electronic filing system for UCC documents established by the Iowa Secretary of State is second to none. Additionally, electronic filing of corporate Reports by that Office is a model for the rest of the nation. Furthermore, the access to Iowa's corporate records and ability to view and print images supports and fosters much needed economic growth.

The members of our organizations pay fees for their filings and other services. We are informed that these fees have totaled, on average, about \$4.2 million annually. We are also informed that the Business Services appropriation was reduced by \$12,500 in FY 2000, \$25,000 in FY 2001, and \$313,932 in FY 2002, before the 4.3% across the board cut of \$69,809. These reductions, totaling \$421,241 (approximately 20%), leave the office at its 1995 funding level of approximately \$1.5 million, and are disproportionate to the overall Administration and Regulation reduction.

We understand that these are difficult budget times, but feel very strongly that the business, legal and lending communities are essential to Iowa's economic vitality. We must take good care of the businesses we have, even as we look for ways to promote new growth.

This is why we support Secretary Culver's efforts to retain a portion of our fees. The Secretary's request is proportional, reasoned, and funded by resources directly attributable to the services provided.

Thank you for your consideration of our input.

Sincerely,

Jee Holland, President

Iowa State Bar Association

Pat Jury, Vice President Iowa Credit Union League

CHESTER J. CULVER IOWA SECRETARY OF STATE

TEL: (515) 281-5204 FAX: (515) 242-5953



Lucas Building, First Floor Des Moines, Iowa 50319

E-MAIL: SOS@SOS.STATE.IA.US
WEB: WWW.SOS.STATE.IA.US





IMPORTANT BIENNIAL REPORT FILING INSTRUCTIONS

Dear Corporate Filer:

I am pleased to announce that, for the first time ever, you will now be able to file your Biennial Report electronically. The fee for filing your report electronically will be reduced to 30 - a 515 savings. Electronic filing results in production and processing savings, and honors my commitment to streamline business access to the Office of Secretary of State. It is only fair that these savings be passed on to you.

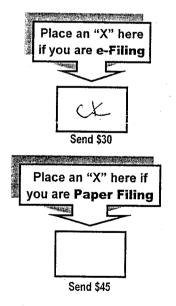
Because of severe budget cuts to our office, we no longer have the resources necessary to process over 75,000 paper Biennial Reports. We encourage you to file electronically to help conserve resources, but if you are unable, you may still file your Biennial Report by paper. The fee for filing by paper remains at \$45.

You will immediately note that, unlike previous years, neither your printed Biennial Report, nor the Change of Registered Office/Agent forms are enclosed. Please follow the instructions below for filing electronically, or by paper.

Please remember that lowa law requires that your filing be delivered by <u>APRIL 1, 2002</u>. Failure to deliver the Report or pay the fee will result in administrative dissolution/revocation.

INSTRUCTIONS -

PLACE AN "X" IN THE APPROPRIATE BOX TO INDICATE WHETHER YOU ARE E-FILING OR PAPER FILING. THEN, FOLLOW THE ACCOMPANYING INSTRUCTIONS.



e-Filing Instructions

- Log onto our website (<u>www.sos.state.ia.us</u>), click on "File Your Biennial Report", and follow the simple instructions.
- 2. Enter the corporation's PIN # and Corp. # as noted below in the right hand corner.
- 3. <u>Return this letter</u>, along with a check for \$30 payable to "Secretary of State", in the enclosed return envelope. (Please write the corporation # on your check).
- 4. If you need to change your registered office/agent, complete the fillable form on our website, and place it, too, in the enclosed return envelope.

Paper Filing Instructions

- 1. Return this letter, along with a check for \$45 payable to "Secretary of State", in the enclosed return envelope. (Please write the corporation # on your check).
- 2. Once we receive your \$45 fee, we will mail the Report to the above address.
- 3. If you need to change your registered office/agent, check this box. We will mail the form with your Biennial Report.

I am glad to be able to provide this service and pass these savings on to you.

Sincerely,

Chut Unlun Chet Culver, Iowa Secretary of State Corp. #121270

PIN #3630

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S LAST NAME ADDIL INFO RE 1c. MAILING ADDRESS GITY STATE POSTAL CODE 1d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION CROADIZATION ORGANIZATION POSTAL CODE 1d. TAX ID #: SSN OR EIN ADDIL INFO RE 1a. TYPE OF ORGANIZATION CROADIZATION ORGANIZATION ORGANIZATION CROADIZATION ORGANIZATION ORGANIZATION TO HIS TAME MIDDLE NAME PRST NAME MIDDLE NAME MIDDLE NAME ADDIL INFO RE 2a. ORGANIZATION'S NAME CITY STATE POSTAL CODE 2d. TAX ID #: SSN OR EIN ADDIL INFO RE 2a. TYPE OF ORGANIZATION CROADIZATION ORGANIZATION CITY STATE POSTAL CODE 2d. TAX ID #: SSN OR EIN ADDIL INFO RE ADDIL INFO RE CITY STATE POSTAL CODE 2d. TAX ID #: SSN OR EIN ADDIL INFO RE ADDIL INFO RE CITY STATE POSTAL CODE 2d. TAX ID #: SSN OR EIN ADDIL INFO RE ADDIL INFO RE CITY STATE POSTAL CODE 2d. TAX ID #: SSN OR EIN ADDIL INFO RE A | ·NLY |
|--|-------------|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE C THE ABOVE SPACE IS FOR FILING OFFICE USE C TALE ABOVE SPACE IS FOR FILING OFFICE USE C TALE ABOVE SPACE IS FOR FILING OFFICE USE C TO NOT THE ABOVE SPACE IS FOR FILING OFFICE USE C TO NOT THE ABOVE SPACE IS FOR FILING OFFICE USE C THE | INLY |
| THE ABOVE SPACE IS FOR FILING OFFICE USE C THE ABOVE SPACE IS FOR FILING OFFICE USE C Ta. CRGANIZATION'S NAME Ta. CRGANIZATION'S NAME The INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME TOTAL CODE The Individual'S LAST NAME To MAILING ADDRESS CITY STATE POSTAL CODE The Type of Organization DEBTOR ADDILINFO RE ORGANIZATION DEBTOR ADDILINFO RE ORGANIZATION DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names The Above SPACE IS FOR FILING OFFICE USE C TAX ID #: SSN OR EIN ORGANIZATION The Type of Organization DEBTOR The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME FIRST NAME MIDDLE NAME The Above SPACE IS FOR FILING OFFICE USE C TOTAL CODE The Above SPACE IS FOR FILING OFFICE USE C TOTAL CODE The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Above SPACE IS FOR FILING OFFICE USE C The Individual'S LAST NAME The Ind | INLY |
| 1a. ORGANIZATION'S NAME 1a. ORGANIZATION'S NAME Tib. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME | NLY |
| 1a. ORGANIZATION'S NAME 1a. ORGANIZATION'S NAME Tib. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME | NLY |
| Th. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS CITY STATE POSTAL CODE d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any DEBTOR DEBTOR DEBTOR 1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME DEBTOR DEBTOR FIRST NAME FIRST NAME MIDDLE NAME C. MAILING ADDRESS CITY STATE POSTAL CODE ATAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | |
| C. MAILING ADDRESS CITY STATE POSTAL CODE d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME MIDDLE NAME FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE 1. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | |
| d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR I 1e. TYPE OF ORGANIZATION III. JURISDICTION ORGANIZATION III. JURISDICTION ORGANIZA | SUFFIX |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names CITY STATE POSTAL CODE I. TAX ID #: SSN OR EIN ADDITINFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | COUNTRY |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME | COONIKI |
| 2b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | Пм |
| Zb. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | |
| MAILING ADDRESS CITY STATE POSTAL CODE TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME | |
| TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 2g. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) | SUFFIX |
| ORGANIZATION DEBTOR 23. JORNSDICTION OF ORGANIZATIONAL ID #, if any DEBTOR 29. ORGANIZATIONAL ID #, if any DEBTOR | COUNTRY |
| 3h INDIVIDIAL'S LAST MAME | Пис |
| | |
| 3B, INDIVIDUAL'S LAST NAME MIDDLE NAME | |
| | SUFFIX |
| MAILING ADDRESS CITY STATE POSTAL CODE | COUNTRY |
| This FINANCING STATEMENT covers the following collateral; | |

8. OPTIONAL FILER REFERENCE DATA

| | STATEMENT AME (front and back) CAREFULLY | NDMENT | | | | |
|---|--|--|--------------------------------------|-----------------------------|--|---|
| A. NAME & PHONE OF CO | ONTACT AT FILER [optional] | | | | | - |
| B. SEND ACKNOWLEDGI | MENT TO: (Name and Address) | | | | | |
| | Marin 10. (Halife and Addless) | | | | | |
| 1 | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| 1 | | | | | | |
| <u></u> | | | | | | |
| a. INITIAL FINANCING STATE | EMENT FILE # | | THE ABO | | S FOR FILING OFFIC This FINANCING STATI | |
| TERMINATION: Effec | | | | | to be filed [for record] (c | or recorded) in the |
| . CONTINUATION: Eff | fectiveness of the Financing Stateme | identified above is terminated with respe ent identified above with respect to sec | ect to security interest(s |) of the Secur | ed Party authorizing this Te | rmination Statement. |
| | period provided by applicable lavi | *. | | | | tion Statement is |
| ASSIGNMENT (full or | partial): Give name of assignee in ite | em 7a or 7b and address of assignee in | | | | |
| | INFORMATION): This Amendmenting three boxes and provide appropriate | | Party of record. Check | k only <u>one</u> of t | hese two boxes. | |
| CHANGE name and/or as | address: Give current record name in it in item 7a or 7b and/or new address (if | tom Co os Chi alaa ahaa ahaa ahaa | LETE name; Give reco | | | |
| | THE THE OF THE AND THEW ADDRESS (II | address change) in item 7c. to t | ne deleted in item 6a o | ord name | ADD name: Complete | item 7a or 7b, and also |
| . CURRENT RECORD INFO | ORMATION: | f address change) in item 7c. to i | oe deleted in item 6a o | r 6b. | ADD name: Complete item 7c; also complete | item 7a or 7b, and also items 7d-7g (if applical |
| 6a. ORGANIZATION'S NA | ORMATION: | f address change) in item 7c. | pe deleted in item 6a o | ord name r 6b. | ADD name: Complete item 7c; also complete | item 7a or 7b, and also items 7d-7g (if applical |
| . CURRENT RECORD INFO | ORMATION: ME | f address change) in item 7c. to be | be deleted in item 6a o | r 6b. | ADD name: Complete item 7c; also complete | item 7a or 7b, and also items 7d-7g (if applical |
| 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N | ORMATION: ME NAME | address change) in item 7c. | e deleted in item 6a o | r 6b. | | |
| 6a. ORGANIZATION'S NA | ORMATION: ME NAME DED INFORMATION: | address change) in item 7c. | e deleted in item 6a o | r 6b. | | |
| 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADI 7a. ORGANIZATION'S NAI | ORMATION: ME NAME DED INFORMATION: ME | FIRST NAME | e deleted in item 6a o | MIC | DLE NAME | |
| 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADI 7a. ORGANIZATION'S NAI | ORMATION: ME NAME DED INFORMATION: ME | address change) in item 7c. | e deleted in item 6a o | MIC | | |
| 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADI 7a. ORGANIZATION'S NAI | ORMATION: ME NAME DED INFORMATION: ME | FIRST NAME | e deleted in item 6a o | MIC | DLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADI 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS | ORMATION: ME . VAME DED INFORMATION: ME VAME | FIRST NAME FIRST NAME CITY | oe deleted in item 6a o | MIC MIC | DOLE NAME ATE POSTAL CODE | SUFFIX |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADI 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS d. TAX ID #: SSN OR EIN | ORMATION: ME JAME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION | FIRST NAME FIRST NAME CITY | oe deleted in item 6a o | MIC MIC | DLE NAME | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS I. TAX ID #: SSN OR EIN AMENDMENT (COLLAT.) | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 8b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N : MAILING ADDRESS I. TAX ID #: SSN OR EIN AMENDMENT (COLLAT | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS I. TAX ID #: SSN OR EIN AMENDMENT (COLLAT.) | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N C. MAILING ADDRESS TAX ID#: SSN OR EIN AMENDMENT (COLLAT. | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR ERAL CHANGE): check only one to | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | pe deleted in item 6a o | MIC MIC ST/ 7g. | DOLE NAME ATE POSTAL CODE | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N C. CHANGED (NEW) OR ADD 7a. ORGANIZATION'S NAI 7b. INDIVIDUAL'S LAST N c. MAILING ADDRESS d. TAX ID#: SSN OR EIN Describe collateral delete NAME OF SECURED PA | ORMATION: ME DED INFORMATION: ME JAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR TERAL CHANGE): check only one to the dor added, or give entire r | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION Of description, or description, or description. | DF ORGANIZATION ribe collateral ass | MIC ST/7g. | DLE NAME ATE POSTAL CODE ORGANIZATIONAL ID #, | SUFFIX SUFFIX COUNTRY |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N 6b. INDIVIDUAL'S LAST N 7b. INDIVIDUAL'S LAST N 7b. INDIVIDUAL'S LAST N c. MAILING ADDRESS d. TAX ID#: SSN OR EIN Describe collateral delete NAME OF SECURED Padds collateral or adds the au | ORMATION: ME DED INFORMATION: ME IAME ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR TERAL CHANGE): check only one to the control of the cont | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION O | DF ORGANIZATION ribe collateral ass | MIC MIC ST/ 7g. | DLE NAME ATE POSTAL CODE ORGANIZATIONAL ID #, | SUFFIX SUFFIX COUNTRY f any |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N 6b. INDIVIDUAL'S LAST N 7b. INDIVIDUAL'S LAST N 7c. MAILING ADDRESS d. TAX ID#: SSN OR EIN Describe collateral delete NAME OF SECURED Po adds collateral or adds the au 9a. ORGANIZATION'S NAI | ORMATION: ME DED INFORMATION: ME JAME JAME JAME ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR TERAL CHANGE): check only one the led or added, or give entire r ARTY OF RECORD AUTHORIZ Sthorizing Debtor, or if this is a Terminate ME | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION Of description, or description, or description. | DF ORGANIZATION ribe collateral ass | MIC MIC ST/ 7g. | DDLE NAME ATE POSTAL CODE ORGANIZATIONAL ID #, | SUFFIX SUFFIX COUNTRY f any |
| CURRENT RECORD INFO 6a. ORGANIZATION'S NAI 6b. INDIVIDUAL'S LAST N 6b. INDIVIDUAL'S LAST N 7b. INDIVIDUAL'S LAST N 7b. INDIVIDUAL'S LAST N c. MAILING ADDRESS d. TAX ID#: SSN OR EIN Describe collateral delete NAME OF SECURED Padds collateral or adds the au | ORMATION: ME DED INFORMATION: ME JAME JAME JAME ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR TERAL CHANGE): check only one the led or added, or give entire r ARTY OF RECORD AUTHORIZ Sthorizing Debtor, or if this is a Terminate ME | FIRST NAME FIRST NAME CITY SANIZATION 7f. JURISDICTION Of description, or description, or description. | DF ORGANIZATION ribe collateral ass | MIC MIC ST/ 7g. signed. | DDLE NAME ATE POSTAL CODE ORGANIZATIONAL ID #, | SUFFIX SUFFIX COUNTRY f any |